

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/04/03.

## I. DISPUTE

Whether there should be reimbursement for date of service 2/04/03 for CPT codes 29877-59 and 29974-59. The Carrier denied reimbursement as "By clinical standards, this procedure is incidental to the related primary procedure billed."

## II. RATIONALE

Currently, the Medical Review Division uses the Physicians' Current Procedural Terminology, Fourth Edition, and Copyright 1994 by the American Medical Association (CPT) in conjunction with GSDOS dated 1994.

According to the GSDOS dated 1994, CPT code 29877 is not global to 29880 as this procedure, chondroplasty of the femoral trochlea, was performed in a separate compartment according to relevant medical documentation submitted by the Requestor. Also, according to the GSDOS dated 1994, CPT code 29874 is not global to the primary procedure of CPT code 29880. According to the 1996 Medical Fee Guideline SGR (D), the Provider is entitled to 100% of the MAR for the primary procedure. The Carrier reimbursed 100% of MAR for the primary procedure code 29880. Secondary or subsequent procedures are reimbursed at 50% of the MAR.

The 1996 Medical Fee Guideline, General Instructions (VIII) states "...NOTE: TWCC modifiers may differ from those published by the American Medical Association, and in submitting workers' compensation billing, only the modifiers set out in this Medical Fee Guideline shall be used..."

The modifier "-59" is not recognized in the 1996 Medical Fee Guideline. For this reason, the Medical Review Division is unable to determine proper reimbursement. Therefore, reimbursement is not recommended.

## III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor **is not** entitled to reimbursement.

The above Decision is hereby issued this 28th day of April 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division  
PD/pd